

<i>SERFF Tracking Number:</i>	<i>HRCN-127386845</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Horace Mann Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>49676</i>
<i>Company Tracking Number:</i>	<i>IL-A13500</i>		
<i>TOI:</i>	<i>A03I Individual Annuities - Deferred Variable</i>	<i>Sub-TOI:</i>	<i>A03I.002 Flexible Premium</i>
<i>Product Name:</i>	<i>IRA Variable Application</i>		
<i>Project Name/Number:</i>	<i>/</i>		

## Filing at a Glance

Company: Horace Mann Life Insurance Company

Product Name: IRA Variable Application

SERFF Tr Num: HRCN-127386845 State: Arkansas

TOI: A03I Individual Annuities - Deferred Variable

SERFF Status: Closed-Approved- Closed State Tr Num: 49676

Sub-TOI: A03I.002 Flexible Premium

Co Tr Num: IL-A13500

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Linda Bird

Authors: Rita Rowe, Dorothy Ruppert

Disposition Date: 09/06/2011

Date Submitted: 08/30/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name:

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact:

Filing Status Changed: 09/06/2011

State Status Changed: 09/06/2011

Deemer Date:

Created By: Rita Rowe

Submitted By: Rita Rowe

Corresponding Filing Tracking Number:

Filing Description:

IL-A13500 403(b) Individual Retirement Annuity Application

Included in this submission is the above-referenced form for your review and approval. This is a new form and does not replace any form previously approved by your department.

No part of this policy contains any unusual or controversial items from normal company or industry standards.

This form will be used with our Goal Planning Annuity policy form IC-452000 which was previously approved by your department on 12/14/2005. Please note, this application will not be used for sales involving replacements or rollovers. If

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the sale involves either of these, this application cannot be used and will not be accepted by our underwriting department.

Since this form will be used with our variable product identified above and variable annuity contracts are securities subject to federal jurisdiction, it is not subject to the readability or language simplification laws. Therefore, a readability certification has not been included with this submission.

We will begin using this application upon your approval. This form is submitted concurrently to our domicile state.

Please let me know if you have any questions or need additional information.

## Company and Contact

### Filing Contact Information

Rita Rowe, Sr. Product Development & Compliance Coordinator  
 1 Horace Mann Plaza  
 Springfield, IL 62715-0001  
 rower1@horacemann.com  
 217-788-5703 [Phone]  
 217-535-7197 [FAX]

### Filing Company Information

Horace Mann Life Insurance Company	CoCode: 64513	State of Domicile: Illinois
1 Horace Mann Plaza	Group Code: 300	Company Type: Life,
		Accident/Health, Annuity, Credit
Springfield, IL 62715-0001	Group Name:	State ID Number:
(217) 789-2500 ext. [Phone]	FEIN Number: 37-0726637	

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## Filing Fees

Fee Required? Yes  
 Fee Amount: \$50.00  
 Retaliatory? No  
 Fee Explanation:  
 Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Horace Mann Life Insurance Company	\$50.00	08/30/2011	51092373

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Linda Bird	09/06/2011	09/06/2011

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
Name of form in filing description	Note To Reviewer	Rita Rowe	08/30/2011	08/30/2011

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<i>Product Name:</i>	<i>IRA Variable Application</i>		
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## Disposition

Disposition Date: 09/06/2011

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

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<i>Product Name:</i>	<i>IRA Variable Application</i>		
<i>Project Name/Number:</i>	<i>/</i>		

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification		No
<b>Supporting Document</b>	Application		No
<b>Supporting Document</b>	Life & Annuity - Acturial Memo		No
<b>Supporting Document</b>	Statement of Variability		Yes
<b>Form</b>	Individual Retirement Annuity Variable Application		Yes

*SERFF Tracking Number:*      *HRCN-127386845*                      *State:*                      *Arkansas*  
*Filing Company:*              *Horace Mann Life Insurance Company*              *State Tracking Number:*      *49676*  
*Company Tracking Number:*      *IL-A13500*  
*TOI:*                      *A03I Individual Annuities - Deferred Variable*      *Sub-TOI:*                      *A03I.002 Flexible Premium*  
*Product Name:*              *IRA Variable Application*  
*Project Name/Number:*      /

**Note To Reviewer**

**Created By:**

Rita Rowe on 08/30/2011 10:47 AM

**Last Edited By:**

Linda Bird

**Submitted On:**

09/06/2011 01:20 PM

**Subject:**

Name of form in filing description

**Comments:**

The name of the form in the filing description should be "Individual Retirement Annuity Variable Application" instead of "403(b) Individual Annuity Application."

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Filing Company: Horace Mann Life Insurance Company State Tracking Number: 49676

Company Tracking Number: IL-A13500

TOI: A03I Individual Annuities - Deferred Variable Sub-TOI: A03I.002 Flexible Premium

Product Name: IRA Variable Application

Project Name/Number: /

## Form Schedule

### Lead Form Number: IL-A13500

Schedule Item Status	Form Number	Form Type Form Name	Action	Action Specific Data	Readability	Attachment
	IL-A13500	Application/ Individual Retirement Initial Enrollment Annuity Variable Form Application			0.000	IL-A13500 Filing version NAIC states 08-30-11 version.pdf

## Horace Mann Life Insurance Company

1 Horace Mann Plaza  
Springfield, Illinois 62715-0001  
800-999-1030  
horacemann.com

**NOT FOR REPLACEMENT, ROLLOVER  
OR INHERITED IRA**

## Individual Retirement Annuity Variable Application

### A. Client information

Contract owner's name (Last, first, initial) [Doe, John H.]  
 Gender ☒ Male ☐ Female Marital status [Married] Age [35] Birth date (MM/DD/YYYY) [01/01/1976]  
 Telephone [111-111-1111] Business telephone [222-222-2222] SSN [123456789]  
 Address [1 Main Street] City [Anytown] State [US] Zip code [12345]  
 Email address [John.Doe@emailaddress.com] Occupation/code [Teacher]

### B. Employer information

Employer name [ABC Employer]  
 Address [456 School Lane] City [Anytown] State [US] Zip code [12345]  
 Telephone [333-333-3333] Hired date [07/28/2000]

### C. Beneficiary information (\* indicates required items for each beneficiary)

**Primary beneficiary** [Jane Doe] \*Relationship [Spouse]  
 \*Birth date (MM/DD/YYYY) [02/02/1976] SSN [234567890] Telephone [111-111-1111]  
 Address [1 Main Street] City [Anytown] State [US] Zip code [12345]

**Contingent beneficiary** \*Relationship \_\_\_\_\_  
 \*Birth date (MM/DD/YYYY) \_\_\_\_\_ SSN \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

### D. Product information

**[Goal Planning Annuity – issue ages 0 – 85]**

	<b>M&amp;E/Rider fee</b>	<b>Elected Product/Rider fee</b>
<input checked="" type="checkbox"/> 9-year surrender charge	<u>1.25%</u>	<u>[1.25] %</u>
<input type="checkbox"/> 5-year surrender charge	<u>1.25%</u>	<u>%</u>
<b>Optional Guaranteed Minimum Death Benefit Riders (check only one box)</b>		
<input type="checkbox"/> 5% accumulation only (not available in OR)	<u>0.30%</u>	<u>%</u>
<input type="checkbox"/> Annual step-up only	<u>0.20%</u>	<u>%</u>
<input type="checkbox"/> 5% accumulation & annual step-up (not available in OR)	<u>0.40%</u>	<u>%</u>
<b>Total</b>		<u>[1.25] %</u>

**All payments and values provided by the contract, when based on investment experience of variable investment options, are variable and not guaranteed as to fixed dollar amount.**

### E. Billing [(for flexible premium)]

Month of first payment [August]  
 Is this an inherited IRA? **If yes, do not use this application.** ☐ Yes ☐ No

	<b>IRA pre-tax premiums</b>	<b>Roth IRA post-tax premiums</b>
First <u>[6]</u> payment(s) of:	<u>[\$ 200.00]</u>	_____
Subsequent payment:	<u>[\$ 200.00]</u>	_____
Total first year payment:	<u>[\$2400.00]</u>	_____

**Billing mode:** ☐ EFT (1/12)  
 Direct: ☐ Annually ☐ Semiannually ☐ Quarterly ☐ Monthly  
 List bill: ☐ 1/26 ☐ 1/24 ☐ 1/20 ☒ 1/12 ☐ 1/10 ☐ 1/9 ☐ Other 1

### F. Electronic funds transfers (Please attach a voided check or deposit slip.)

Establish a monthly draft from my bank account on the: ☐ 5th ☐ 10th ☐ 15th ☐ 20th ☐ 25th  
☐ Checking account ☐ Savings account  
 Bank name \_\_\_\_\_ Amount of draft \_\_\_\_\_  
 Bank address \_\_\_\_\_ Bank routing number \_\_\_\_\_  
 Depositor account number \_\_\_\_\_

In order to pay premiums on policies or contracts, I request and authorize the company to withdraw monthly.

### G. Comments



**H. Investment instructions****[Allocation option]****Lifecycle**

	<b>Premiums</b>
63 Wilshire VIT 2015 ETF Fund	_____ %
64 Wilshire VIT 2025 ETF Fund	_____ %
65 Wilshire VIT 2035 ETF Fund	_____ %]

**Fixed Options**

00 Fixed Account	_____ 100 %
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**[Allocation option]****Asset Allocation**

	<b>Premiums</b>
76 Ibbt Conservative ETF Port II	_____ %
77 Ibbt Income & Growth ETF Port II	_____ %
78 Ibbt Balanced ETF Portfolio II	_____ %
79 Ibbt Growth ETF Portfolio II	_____ %
80 Ibbt Aggressive Gro ETF Port II	_____ %

**Total** 100%

[Initial subaccount allocations using this application are limited to the choices above. There are other subaccounts available for your selection as provided in the prospectus. If you wish to use subaccounts not listed here for your initial allocation, you must use an alternate application. Additionally, automatic rebalancing may be selected by you for your contract which will require the use of an additional form. Rebalancing may be limited per the prospectus to contracts with balances in excess of \$5,000.]

**I. Fraud notice**

[Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Maine – It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.**

**Maryland –** Any person who knowingly and willfully presents a false or fraudulent claim for payment of a loss or benefit or knowingly and willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**Nebraska, Texas –** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

**Oregon –** Any person who knowingly and with intent to defraud an insurer submits an application or files a claim containing false, incomplete, or misleading statements of material fact may be guilty of a crime.

**Vermont –** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to the penalties under state law.]

**J. Replacements** *(This section must be completed for all applications.)*

Do you currently have any existing or pending policies or contracts? *(If 'yes', please complete the replacement form.)* ☐ Yes ☒ No

**If the response to the following question is 'yes', do not use this application.**

Are you considering using funds from your existing policies or contracts to pay premiums due on the new policy or contract? ☐ Yes ☒ No

**K. Acknowledgement and authorization**

I agree that the information provided above is full, complete and true to the best of my knowledge and belief. I acknowledge receipt of the disclosure notice, the current prospectus for the Horace Mann Life Insurance Company Separate Account and the Underlying Fund prospectuses. **I understand that in addition to the subaccounts listed on this application for initial allocation, other options are available to me for selection now and at a later date.**

**I hereby authorize Horace Mann Life Insurance Company and Horace Mann Investors, Inc. to hold any money (ies) received if the application is not complete until such time as the application is made complete. I understand that all payments and values provided by the contract, when based on investment experience of variable investment options, are variable and not guaranteed as to fixed dollar amount.**

Signed at [Anytown, US] on [08/22/2011]  
(city/state) (date)

Contract owner's signature [John H. Doe]

**L. To be completed by agent only**

To the best of your knowledge, does the application for this annuity involve replacement of life insurance or annuities currently in force? ☒ No ☐ Yes (If yes, this application cannot be used.)

Agent's name (1) [Joe Agent] Agent's signature (1) [Joe Agent]

Agent # [1234] State code [01] License # [123456789] (if applicable) Percent [100%]

Agent's name (2) \_\_\_\_\_ Agent's signature (2) \_\_\_\_\_

Agent # \_\_\_\_\_ State code \_\_\_\_\_ License # \_\_\_\_\_ (if applicable) Percent \_\_\_\_\_

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## Supporting Document Schedules

		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Flesch Certification		
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Application		
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Bypassed - Item:</b>	Life & Annuity - Acturial Memo		
<b>Bypass Reason:</b>	n/a		
<b>Comments:</b>			
		Item Status:	Status Date:
<b>Satisfied - Item:</b>	Statement of Variability		
<b>Comments:</b>			
<b>Attachment:</b>			
SOVILA135 Application SOV.pdf			

**Horace Mann Life Insurance Company**  
**1 Horace Mann Plaza**  
**Springfield, Illinois 62715**  
**Statement of Variability**  
**Individual Retirement Annuity Variable Application**

Application Section	Description	Page	Range/Explanation of Variable Data
D	Product information	1	This section lists the variable product that this application will be used with. The key features of the product are identified.
E	Billing	1	This section identifies the billing options that are currently available to our clients. If in the future additional options would become available, (i.e., different modes of payment, different payment frequencies) we would like to include them in this section. The current billing modes are: EFT (1/12); Direct - Annually, Semiannually, Quarterly, Monthly; and List Bill - 1/26, 1/24, 1/20, 1/12, 1/10, 1/9, Other. If a current billing mode or payment option becomes unavailable, we will remove it from this section. If a new billing mode or payment option becomes available, we will add it to this section.
F	Investment instructions	1	This section identifies some of the investment options that are currently available for our variable product. If in the future new investment options become available or if we will be required to remove investment options that will no longer be available for use we may do so in this section.
G	Fraud notices	2	If necessary, we will incorporate state regulation changes regarding fraud notice text in this section.